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LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

PUBLIC REFERENCE COPY

July 1, 2015

VIA ELECTRONIC FILING

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

Re: ETC Annual Reports and Certifications, WC Docket No. 14-58

Dear Secretary Dortch:

On behalf of DoCoMo Pacific – Saipan (“DP – SAIPAN”), SAC 659001 in the Northern Mariana Islands, please find attached a redacted public version of DP – SAIPAN’s FCC Form 481 Carrier Annual Report, filed pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The Form 481 Report has been submitted to the Universal Service Administrative Company through its E-File System, and was successfully certified on June 30, 2015. The attached Form 481 Report has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

DP – SAIPAN is also submitting to the Commission, under separate cover, a confidential version of the Form 481 Report. The confidential version is marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David A. LaFuria
Steven M. Chernoff
John Cimko

Attorneys for:
DoCoMo Pacific – Saipan

Attachment

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	659001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Sean Miles
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	smiles@docomopacific.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) <input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed <input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile <input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		
<440>	Fixed <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<input type="text" value="659001mp510.pdf"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<input type="text" value="659001mp610.pdf"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification (if yes, complete attached worksheet) <input type="text" value="Not Applicable"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<input type="text"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<01>	Study Area Code	659001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	emiles@docomopacific.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<input checked="" type="radio"/> (yes / no) <input type="radio"/> (yes / no)
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

659001MP112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

smilesadocompacific.com

-- See attached worksheet --

FCC Form 481
OMB Control No. 3050-0986/OMB Control No. 3050-0819
July 2013

1/1/2015
19.5

	Residential Local Service Charge Effective Date
<701>	Single State-wide Residential Local Service Charge
<702>	

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	659001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@domopacific.com

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	659001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

<910>	Tribal Land(s) on which ETC Serves	
-------	------------------------------------	--

<920>	Tribal Government Engagement Obligation	
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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	659001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	659001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>659001mp1210.pdf</p>	Name of Attached Document
<1220>	Link to Public Website	HTTP	http://www.docomopacific.com/phone/plans/lifeline-assistance-program

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	022001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean White
<035>	Contact Telephone Number - Number of person identified in data line <030>	8712694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@comopacific.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of incremental Connect America Phase I support, Frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)(i)}
- <2011b> Attachment {47 CFR § 54.313(b)(1)(ii)}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313(e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document(s) Listing Required Information

- <2021> Interim Progress Community Anchor Institutions

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	659001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Wilson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	swilson@comcast.net
<p>CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.</p>		
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3014)	If yes, does your company file the RUS annual report	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3015)	Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3019)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3020)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3021)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3022)	Underlying information subjected to a review by an independent certified public accountant	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3023)	Underlying information subjected to an officer certification.	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3024)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
(3025)	Attach the worksheet listing required information	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>

(3000) Data of Return Carrier Additional Documentation (Continued)

Data Collection Form

For Form 533
OMB Control No. 3147-0047 (2010-04-14) (Rev. 06-01-09)
July 2013

<01>	Study Area Code	659001
<01>	Study Area Name	GUAM CELLULAR AND PAGING, INC.
<02>	Program Year	2016
<03>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<03>	Contact Telephone Number - Number of person identified in data line <03>	6719694093 ext.
<03>	Contact Email Address - Email Address of person identified in data line <03>	smiles@comcast.net

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	659001
<015> Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sean Miles
<035> Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	659001
<015> Study Area Name	GUAM CELLULAR AND PAGING, INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sean Miles
<035> Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>James W. Hofman, II</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	James W. Hofman, II
Name of Reporting Carrier:	GUAM CELLULAR AND PAGING, INC.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2015
Printed name of Authorized Officer:	James Hofman II
Title or position of Authorized Officer:	Chief Legal Officer
Telephone number of Authorized Officer:	6716882355 ext. 2288
Study Area Code of Reporting Carrier:	659001 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	GUAM CELLULAR AND PAGING, INC.
Name of Authorized Agent or Employee of Agent:	Lukas, Nace, Gutierrez & Sachs, LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2015
Printed name of Authorized Agent or Employee of Agent:	John Cimko
Title or position of Authorized Agent or Employee of Agent:	Attorney
Telephone number of Authorized Agent or Employee of Agent:	7035848686 ext.
Study Area Code of Reporting Carrier:	659001 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**DoCoMo Pacific – Saipan
SAC 659001 (MP)
FCC Form 481 (Program Year 2016)
Line 110 – Service Quality Improvement Reporting**

**THIS EXHIBIT IS WITHHELD FROM THE PUBLIC COPY
AS THE FILER HAS REQUESTED CONFIDENTIAL TREATMENT**

**DoCoMo Pacific – Saipan
SAC 659001 (MP)
FCC Form 481 (Program Year 2016)
Line 220 – Voice Services Outages**

**THIS EXHIBIT IS WITHHELD FROM THE PUBLIC COPY
AS THE FILER HAS REQUESTED CONFIDENTIAL TREATMENT**

DoCoMo Pacific – Saipan
SAC 659001 (MP)
FCC Form 481 (Program Year 2016)
Line 510 – Service Quality Standards and
Consumer Protection Rules

DOCOMO PACIFIC

Line 510 - Service Quality Standards and Consumer Protection Rules Compliance

DOCOMO PACIFIC hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that these practices ensure that DOCOMO PACIFIC:

- (1) Discloses rates and terms of its voice and broadband services to customers.
- (2) Makes available maps showing where voice and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice or broadband service.
- (4) Allows a trial period for new voice or broadband service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice or broadband service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.
- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.

- (12) Abides by standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets that are locked by or at the direction of DOCOMO PACIFIC.

These service quality and consumer protection practice categories are the same as those included in the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code”) currently in effect. In submitting this report, DOCOMO PACIFIC certifies that it will continue to abide by the CTIA Code, as it may be amended from time to time, for all of its operations in the Commonwealth of Northern Mariana Islands.

DoCoMo Pacific – Saipan
SAC 659001 (MP)
FCC Form 481 (Program Year 2016)
Line 610 – Network Functionality in Emergency Situations

DOCOMO PACIFIC

Line 610 - ABILITY TO REMAIN FUNCTIONAL IN EMERGENCY SITUATIONS

DOCOMO PACIFIC is mindful of the importance of ensuring uninterrupted service so that law enforcement and public safety officials, as well as the general public, can make important calls in the event of a hurricane or other emergency. DOCOMO PACIFIC hereby certifies, with respect to its voice and broadband services, that the company is capable to function in emergency situations as defined in *ETC Report and Order*. To ensure continued provision of service, the company's Network Operations Center is backed up from commercial power by one 125 KW generator. An automatic transfer switch is in place. Additionally we have an 80 KW generator that is used as a secondary back up with manual transfer functionality. DOCOMO PACIFIC also certifies that the company has in place an automated notification system and manual procedures for the management of traffic spikes resulting from emergency situations.

DoCoMo Pacific – Saipan
SAC 659001 (MP)
FCC Form 481 (Program Year 2016)
Line 700 – Price Offerings Including Voice Rate Data

659001

GUAM CELLULAR AND PAGING, INC.

2016

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DoCoMo Pacific – Saipan
SAC 659001 (MP)
FCC Form 481 (Program Year 2016)
Line 1210 – Terms and Conditions for Lifeline Customers

DOCOMO PACIFIC

Line 1210 - Terms & Conditions of Voice Telephony Lifeline Plans

DOCOMO PACIFIC's Lifeline Assistance Program is the Low Income Program of the Universal Service Fund and is designed to benefit residential subscribers who are receiving assistance. Detailed information of our lifeline assistance program may be found on our website:

<http://www.docomopacific.com/phone/plans/lifeline-assistance-program>